

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. VII.

LOUISVILLE, JANUARY 11, 1879.

No. 2.

R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

MALARIA IN INFANCY.

Infants at the breast never suffer from malaria, no matter how cachectic the mother, until after the fourth month. This immunity may last to the period of dentition.—*Chicago Medical and Surgical Journal*, December, 1878.

Every physician who has had any considerable experience of disease in malarious regions—and where these regions are not it is difficult to say—knows this statement to be entirely incorrect. We have seen a child three days old suffering from an emphatic quotidian ague. This is the earliest period of which we have made any note at which this affection showed itself, but we have in cases almost innumerable encountered intermittents in the earlier weeks and months of infantile life. It might be said with just as much truth that variola and rubeola and scarlatina and syphilis can not attack these tiny folk before the fourth month of their life. It is well established that infants have in not very rare instances variola and syphilis in utero, and there is little doubt that they may have prenatal paroxysms of intermittent fever. Indeed such a case has been observed by one of Louisville's oldest and closest medical observers.

This positive declaration that babies under four months are blessed with immunity from ague is on a par with the statement, made many years ago by some writer, that all babies have blue eyes at birth; and by another, that before dentition infants can not shed tears. Every doctor who has lived with his eyes open knows that these assertions are without foundation in fact.

VOL. VII.—No. 2

Such careless statements are inexcusable in medical writers. It is thus that false facts are piled up, misleading and retarding the science of physic. Once put in circulation, they are copied and quoted, and pass current as curious truths for scores of years, if not indefinitely. The vitality of error is incalculable.

LUMBAGO.

That modest taper among the lights of American medicine, Dr. W. H. Hammond (late of the army), has recently made some clinical remarks on the treatment of lumbago which have gone into print. Dr. H.'s treatment consists of hypodermic morphine, commencing with one sixth of a grain and gradually increasing the dose until *two grains* are given at an insertion. Afterward the dose is as gradually diminished until it reaches nothing, when the patient will be relieved of his attack. As but a single dose is to be given each day, the period occupied by the medication will range from one to three months, whereas the ordinary lumbago attack spends its force in a few days, seldom, indeed, counting itself by weeks. Of course, Dr. Hammond's remarks are absurd, and indeed all attempts to encompass lumbago, either as to its etiology, pathology, or treatment, are generally failures. Your practical lumbagoist having tried all the pharmacopoeial wonders, is disgusted at them all, and will have none of them. He lies down in his sorrow, puts a bag of hot salt to his spine, employs an amiable manservant who will stand unlimited abuse, and, patiently as the caged tiger, waits for time to take him from the rack.

THE Boston Medical and Surgical Journal, in its last issue, enters its one hundredth volume and fiftieth year. Few journals at home or abroad have had a longer career. We congratulate our contemporary upon its fame and fortune, and trust we may live to see a second celebration of this sort. It is a little curious how upon this occasion of congratulations to be received the Boston Journal should indulge to such extent in its ruling passion of decrying the existence of its provincial brethren, and wondering why they are allowed, in the face of its high mightiness, to cumber the land. Not only is its own editorial devoted to this style of talk, but it goes out and takes to itself seven others, in the shape of John Billings and his assistants, to furnish a leading article upon the same theme and in the same strain.

Original.

A CASE OF FRACTURE OF THE EXTERNAL CONDYLE OF THE FEMUR.

BY RICHARD O. COWLING, A. M., M. D.

Professor of Surgical Pathology and Operative Surgery in the University of Louisville.

On the 1st day of March, 1878, Allie S., a youth of fourteen, in Spencer County, had his saddle to turn while riding. His right foot was caught in the stirrup, and he was dragged several yards before he could extricate it. When he did so he found that he was unable to rise, and was carried to his father's house. Some injury had been sustained about the knee, the nature of which was not discovered by his physician, who regarded the case as one of strain and consequent synovitis. He lay in bed for three weeks, with various applications to his knee, when upon a closer examination his physician found what was apparently a bony tumor occupying the popliteal space, which, puzzling him to such an extent, he asked for additional counsel.

His consultant came, and was of opinion that it was a case of dislocation at the knee-joint forward, and that the bony tumor in the popliteal space was the end of the femur. He undertook to reduce it, with and without chloroform, by powerful traction. He thinks some change was effected in the con-

tour of the limb by this manipulation, but the foreign body in the popliteal space still remained. The patient suffered great pain during the manipulation and for some time afterward. It was also discovered that the anterior muscles of the leg, which before had been intact, were now paralyzed, the patient being wholly unable to extend his toes. At this juncture the father of the boy brought him to Louisville, and placed him under the care of Dr. Bodine, who invited me to take charge of the case with him.

I saw the case for the first time on the 22d day of March. There was then very little deformity shown about the limb. The knee-cap was in place and freely movable, and simply a slight and regular swelling of the joint was observed in front. From a cursory examination few would have hesitated to have called it an ordinary synovitis; but upon manipulating the posterior part of the joint, the sharp outline of what was apparently a bony tumor could be plainly made out. This was probably about the size of a large walnut, and occupied the right center of the popliteal space. It was almost impossible to determine whether the tumor was connected with the tibia or with the femur. In fact it was not until the patient was put thoroughly under chloroform that this confusion was dispelled. Then, when the knee could be freely flexed and the parts manipulated thoroughly, it was discovered that it was a fragment of the outer condyle of the femur dragged down into the popliteal space by the popliteus and gastrocnemius muscles.

Our diagnosis having thus been made, we were at some concern in regard to the treatment to be used. The only method of reposition of the fragment was by forced flexion, and as three weeks had elapsed since the fracture had occurred, we were afraid that in the time necessary for a union of the bone a permanent ankylosis at a bad angle might be set up in the knee, whereas if the limb were treated in the straight position no union of the fragment with the main bone could possibly take place, and its ultimate removal as a foreign body might be necessitated.

We treated the limb with forced flexion, holding it in this position by means of a plaster-of-paris bandage, well lined with cotton, from toes to waist.

The position of limb caused great pain to the patient, so that at the end of eighteen hours we were obliged to take a wedge from the bandage about the knee and straighten it somewhat. The patient, after a few days, returned home with the apparatus upon him,

and remained for four weeks, when he returned to Louisville to have it removed. Upon the removal of the bandage then, we discovered that the fragment of bone had united to the femur above, and with some care the limb was gradually straightened without disturbing its position.

There was still some deformity at the outer condyle. The apposition of the fragment had not been perfect, but a gap as wide as the little finger had remained between it and the main bone, which was filled with callus. Could the patient have submitted to the extreme flexion which was first instituted, possibly this gap might have been avoided. The knee generally was somewhat enlarged; but the most serious feature in the case was now the paralysis of the anterior tibio-fibular group of muscles, which had in no wise disappeared. We were obliged to give a doubtful prognosis in this regard, as in our opinion the peroneal nerve had been cut. The patient returned home, with directions to make no use of limb for a couple of weeks longer, until union was thoroughly assured. After that he had artificial muscles to hold up his foot while he walked upon crutches, and daily massage to the injured limb. The outcome in the case exceeded our utmost expectations. The deformity grew less and less, and at the end of ten weeks he laid away his crutches, the paralysis at that time having disappeared.

At this period, ten months after the accident, there is but little halt in his gait, and inspection reveals but little difference in the appearance of his limbs. Upon manipulation the fragment of the condyle can still be felt, wearing much smoother, however, day by day.

I have been thus particular in the narration of this case of fracture because it is one rarely seen, and varying so much as it does in the laws of its deformity from fractures occurring elsewhere, it is one, I think, likely to puzzle even an astute practitioner if he be not on his guard.

The description given of the injury in *Malgaigne* applies to it in scarcely a single particular, and the reports furnished by Prof. Hamilton are by no means satisfactory. The fact is, in this instance, as in so many others, Mr. Erichsen is the authority who gives the most practical and truthful account of the affair.

I call special attention to the point of the complete recovery from a traumatic paralysis in this case. It has not been my good for-

tune to meet with so satisfactory a result on other occasions. Indeed, this feature to our mind was the most serious one in the whole case, and when questioned by his anxious father as to the possibility of ultimate recovery, we could only answer that "all things were possible with youth."

LOUISVILLE.

PROOF OF PHOSPHORUS, COMBINED WITH MALARIA, THE CAUSE OF YELLOW FEVER.

BY THOS. W. HEWITT, M. D.

Phosphorus is well known to exist in the sea of southern zones, is dashed upon decks of ships, and can be seen there at night, and consists of myriads of animalcules carried by it. It exists among the isles of the Antilles, from whence yellow fever is said to come. Phosphorus exists on logs undergoing decay in the woods of the Mississippi Valley, and can be seen almost any night on the new grounds here in Arkansas called deadenings. It is very abundant. It is seen in the swamps where the water has gradually left the surface, thus exposing it by night, and is familiarly known here as fox-fire. In the cesspools of cities and towns it exists, and has been manufactured from them. We know what malaria is. We say malaria poisons in degrees, giving grades of effect; but what is the poison? Animalcules conveying a poison? Yes; but what is it? I say, for yellow fever, it is phosphorus. Can animalcules carry it? Yes; the lightning-bug carries it. Myriads of lesser insects carry it in the sea, and lesser still, the malaria animalcule carries it.

Further, what is a case of yellow fever? It is poisoning. Take a case of poisoning by phosphorus. We have depression of the heart's action, a high internal temperature, a slow pulse; the tongue and mouth are identical with yellow fever; the stomach is exceedingly irritable (gastritis it is called); jaundice follows; the urine is similar; the black vomit has been seen in this disease. Has any treatment reached it save an antidotal one? I have acted upon it, and have had it to succeed with startling success in the few cases I have had here and in this vicinity.

I have but very badly brought to my memory the above without any of my notes at hand. Sir Wm. Henry Day, of London, England, is my authority on phosphorus poisoning, and Flint's latest edition of *Practice of*

Medicine on gastritis. I hope you will refer to his Hæmaturia as well. I am anxious for you to investigate this cause, with a view to further proof, and do not deny it without proof.

MARIANNA, LEE Co., ARK.

REMOVAL OF A CANCER FROM THE INTERNAL ANGLE OF THE ORBIT.

REPORTED BY DR. E. KEMPF.

Mrs. Engelbrecht, aged fifty-six years, from New Boston, was sent by Dr. Anderson to consult my father, Dr. M. Kempf, about a sore at the internal angle of the orbit. The sore was of some six months' standing, and various kinds of ointments and washes had been used without any good results. It was diagnosed to be an epithelioma, and an immediate removal was advised.

As the patient consented to an operation, it was performed in the following manner: No chloroform was given, because the patient was very anæmic, and also because she refused to take it. Two ligatures were inserted under the cancer, to be used as tractors. An incision was made around the cancer, and by gradual dissection it was removed from its adhesions, which were the nasal process of the superior maxillary and the lachrymal bones. The superior maxillary was thoroughly scraped with a cartilage-knife, both eyelids were removed to about half of their extent, and the surrounding parts were cleansed of all suspicious-looking tissue. By this I mean the characteristic rotten tissue of epithelioma.

As the cancer was directly adherent to the bones forming the internal angle of the eye, it was thought advisable to remove these with the trephine. This was accordingly done, and the parts of the bones not removed were again scraped with the scalpel. The arteries were tied, and the wound was covered with a compress soaked in a mixture of tincture of arnica and glycerine. The wound filled up by granulation. No sign of cancer has as yet reappeared. Dr. Knapp and myself assisted in the operation.

FERDINAND, IND.

It is well to be cautious how we accept theories, for one stubborn fact, as Tyndall has said, will upset a whole freight train of theories.—*E. P. Hurd, M. D., in Boston Med. and Surg. Jour.*

Reviews.

Essentials of Chemistry—Inorganic and Organic, for the Use of Students in Medicine. By R. A. WITTHAUS, A. M., M. D., Professor of Chemistry in the Medical Department, University of Vermont, etc. Vol. I, 8vo, pp. 257. New York: William Wood & Co. 1879.

Probably every teacher of medical chemistry will cheerfully admit the claim of the author of this little volume, that there is no text-book "designed for or adapted to the special needs of the American medical student;" furthermore, there is great need for such a text-book. We hail with pleasure every work aiming to meet the requirements of the medical student. In our opinion, the text-book on medical chemistry has not yet appeared. The author of the work before us has taken a step in the right direction. He has produced a volume which is in advance of any other work on the subject with which we are familiar. He has the happy faculty of conciseness and perspicuity, and has compressed into small compass the essentials of the science. The work bears the finger-marks of a practical, painstaking, and conscientious teacher. It is evidently no mere compilation or rearrangement of the work of others, nor does it seem to be written simply to gratify that "itch" for notoriety which alas! is common.

The author has adopted the method of "question and answer," there being one thousand and twenty-four questions and answers, which are concise, lucid, and generally accurate. This method at best is questionable; we think it decidedly objectionable. It prevents proper generalization on the part of the student, tending to limit his knowledge by encouraging him to "cram" these answers. Then it dismembers the subject. The grouping of the elements according to their quantivalence possesses no advantages as presented by the author over the more familiar classification into groups possessing certain properties in common. In giving the formula of various bodies the author writes the symbol of the non-metallic radicle as a prefix to the metallic in all cases, save the palloid salts. For example, $CL O_3 K$ for potassium chlorate; RCL for potassium chloride. Such changes as this, simply to gratify the whims of the author, serve no good purpose, and only add to the confusion already existing in the minds of students.

In a brief introduction the main facts in chemical philosophy are clearly given. No mention is made of the law that the "com-

binning weight of a compound is equal to the sense of the combining weights of its constituents." Axiomatic truly, nevertheless a most important law. Neither is the atonic theory explained. The limitation of the term "base" to hydroxides is too narrow, and is unjustifiable. The elements and their compounds are generally ably presented. We notice only a few errors. Hydrogen is said not to be found free in nature, because found nearly fifty per cent of certain volcanic gases composed of hydrogen. The simple test for nitric acid in the hands of the medical man is not mentioned; viz. brown fumes when placed upon a piece of copper. The process for the manufacture of so important a substance as sulphuric acid is slurred over in such a way as to convey no adequate idea to the student of the changes involved. Sulphate of copper is claimed to be a good antidote in phosphorus-poisoning. The author is inclined to the belief that calomel acts on the economy by being converted into corrosive sublimate and mercury. We can not indorse this theory; neither do we believe calomel is as easily converted into corrosive sublimate in the presence of mineral acids, alkaline chlorides, etc. as the author states.

The author holds to the doctrine that chloral acts on the economy by being converted into chloroform by the alkalies of the blood. This theory is untenable in view of the experiments on the "salt-frog." The murixide test for uric acid as given will fail in the hands of the student. Nitric acid should be added; evaporate to dryness, and allow to become cold before adding ammonium hydrate.

The author claims that fibrin "does not pre-exist in the blood, but is formed at the instant of its separation;" and offers in explanation of its formation the theory that it is caused by the union, under proper conditions, of the hypothetical bodies, paraglobuline and fibrinogen. This theory, though popular, does not explain satisfactorily the phenomena of the formation of fibrin, and should be rejected.

Pettenkofer's test for the biliary acids, as described in most works on chemistry and physiology, is utterly worthless, the student finding bile in every organic liquid tested. This is one of the few works in which the test is properly described. If applied according to the direction of our author, the test is reliable and accurate.

The arrangement of the author is in many respects faulty, the desired information be-

ing too much scattered. For example, under head of sodium a number of compounds are described; the common carbonates are treated under the head of carbonic acid seventy-five pages further on. A certain amount of knowledge is presupposed on the part of the student. Any arrangement is open to some criticism. The most natural arrangement, and one least liable to confuse the student, would be to group all the compounds of an element, say sodium, under one head; and not mention a few compounds, and wait till acetic acid or carbonic acid is discussed, and then give their compounds with sodium.

There are a number of minor points for criticism, but the good vastly preponderates over the bad. The work will serve as a capital "remembrancer" for students and practitioners, and as such it is to be highly commended. It will doubtless prove popular, and meet with a ready sale.

How to take Care of our Eyes. By H. C. ANGELL, M.D. Boston: Roberts Brothers, publishers. Price, fifty cents.

This is the title of an excellent little work by Dr. H. C. Angell, of Boston, Mass. It is a book that every one should have. It is written unexceptionally, and is singularly free of errors, although not absolutely so. For instance, on page 33, where the author gives what he calls "a quick and certain mode of detecting near-sight," his test—weak concave glasses—will not only improve the near-sighted eye, but will also brighten up objects to the normal (emmetropic) eye. On page 52 sweet-oil is recommended to be put into an eye into which lime has been thrown. I would prefer washing the eye with a solution of vinegar, two teaspoonfuls to a pint of water. An acetate of lime is formed, which is harmless. On page 54 the author advises syringing in ophthalmia neonatorum. I do not like this treatment. I have seen the cornea perforated by the nozzle of the syringe, even in the hands of experts; besides there is great danger to the attendant's eyes, as the water frequently collects under the lids and gushes out suddenly, flying in all directions, carrying the pus and discharges with it. A better method is to use instead bits of soft linen, which can be thrown away immediately after use. Another objection to the syringe is that you can re-inoculate with it. Page 54: All the symptoms given here of near-sighted eyes have been repeatedly in over-sighted eyes. Near-sighted eyes are safe only in the hands

of an expert ophthalmoscopist. All symptoms of near-sightedness frequently vanish before the ophthalmoscope, and very often over-sightedness instead is revealed.

With the exception of these few what I call errors, I think the little work a perfect one of its kind. The subject is well divided, and written so as any one can read it understandingly. Test-types are attached, which will be found very useful.

W. C.

Books and Pamphlets.

ANNUAL REPORT OF THE PENNSYLVANIA FREE DISPENSARY FOR SKIN DISEASES, No. 920 Walnut Street, Philadelphia, Pa., for the Medical Relief of the Poor affected with Diseases of the Skin, from November 1, 1877, to October 31, 1878. Open daily (Sundays excepted) from 11 A. M. to 1 P. M. Supported by voluntary contributions. Philadelphia: Collins, printer. 1878.

MEDICAL GYNECOLOGY. By J. H. Etheridge, A.M., M.D., Professor of Therapeutics and Forensic Medicine in Rush Medical College; Attending Gynecologist to Central Free Dispensary. Reprinted from the Chicago Medical Journal and Examiner for November, 1878. Chicago: Bulletin Printing Company, 113 Madison Street. 1878.

THE CYCLICAL THEORY OF MENSTRUATION. By John Goodman, M.D., Professor of Obstetrics in the Louisville Medical College. Reprinted from American Journal of Obstetrics and Diseases of Women and Children, Vol. XI, No. 4, October, 1878. New York: William Wood & Co. 1878.

FOURTH ANNUAL REPORT OF THE OFFICERS AND SUPERINTENDENT OF THE ASYLUM AT WALNUT HILL, HARTFORD, CONN., at their Annual Meeting, October 9, 1878; also Petition to the Legislature, Hartford, Conn.; Press of the Case, Lockwood & Brainard Company. 1878.

EPIDEMICS, INCLUDING TREATMENT OF SCARLET FEVER. By John A. Larrabee, M.D., Professor of Materia Medica and Therapeutics and Clinical Lecturer on Diseases of Children in the Hospital College of Medicine, etc., Louisville. Read before the Kentucky State Medical Society. Louisville, Ky., 1878.

ADDRESS DELIVERED BEFORE THE AMERICAN MEDICAL ASSOCIATION, at its Twenty-ninth Annual Session, held at Buffalo, N. Y., June 4-7, 1878. By T. G. Richardson, M.D., of New Orleans, President of the Association. Extracted from the Transactions of the American Medical Association. Philadelphia: Collins, printer. 1878.

CASES OF FOLLICULAR MAL-NUTRITION (CACOTROPHIA FOLLICULORUM). By Tilbury Fox, M.D. Read April 26, 1878. Reprinted from the Clinical Society's Transactions, Vol. XI.

THE OBLATION OF THE ELEMENTS IN THE PROTESTANT EPISCOPAL COMMUNION SERVICE. I. Its Meaning; II. Its History. By H. C. Pindell. Louisville, Ky.: John P. Morton & Co., printers.

A SERIES OF AMERICAN CLINICAL LECTURES. Edited by E. C. Seguin, M.D. Vol. III, No. 10 (whole No. 34): On the Treatment of the Various Forms of Acne and of Rosacea. By R. W. Taylor, M.D., Professor of Diseases of the Skin in the University of Vermont; Surgeon to Charity Hospital and to the Out-patient Department for Skin Diseases of Bellevue Hospital, New York. New York: G. P. Putnam's Sons. 1878.

THE PIGMENTARY SYPHILODERM. By I. Edmondson Atkinson, M.D., Physician to the Baltimore Special Dispensary. Read before the American Dermatological Association, at Saratoga Springs, New York, August 27, 1876. Reprinted from the Chicago Medical Journal and Examiner for October, 1878. Chicago: Bulletin Printing Company, 1878.

TWO CASES OF SEVERE IODIDE-OF-POTASSIUM ERUPTION. By Tilbury Fox, M.D. Read November 23, 1879. Reprinted from the Clinical Society's Transactions, Vol. XI. London: Spottiswoode & Co., New-street Square and Parliament Street.

THE BOTANICAL RELATIONS OF TRICHOPHYTON TONSURANS. By I. Edmondson Atkinson, M.D., of Baltimore. Reprinted from the New York Medical Journal, December, 1878. New York: D. Appleton and Company. 1878.

Miscellany.

ANNUS MEDICUS.—Boston Med. and Surg. Journal: Among the number of those who sleep from their labors we find this year, as usual, more and better men than we could wish. In this country we have lost Dr. L. P. Vandell, of Louisville, Kentucky, at the age of seventy-three years, for fifty years one of the most widely known practitioners of the West; Dr. J. E. Tyler, of Boston, former superintendent of the McLean Asylum for the Insane, aged fifty-eight; Francis Gurney Smith, jr., M.D., of Philadelphia, professor of institutes of medicine in the University of Pennsylvania, aged sixty-one; E. R. Peaslee, M.D., LL.D., of New York, surgeon to the New York Woman's Hospital, aged sixty-four; Dr. George H. Gay, surgeon to the Massachusetts General Hospital, aged fifty-five; Dr. W. L. Atlee, of Philadelphia, whose name will be long remembered in connection with ovariectomy, aged seventy; Prof. Eli Geddings, M.D., of Charleston, S. C., aged eighty; Dr. William B. Morris, of Charlestown, Mass., aged fifty-two. Among those of riper years, in addition to Professor Geddings, we may mention the death of Josiah Bartlett, M.D., of Concord, Massachusetts, aged eighty-one, a worthy successor to a worthy father; of Samuel Hart, M.D., of Brooklyn, L. I., aged eighty-two; of Dr. B. R. Robson, of New York, aged ninety-three;

of Dr. Edward Warren, of Boston, youngest son of Dr. John Warren, aged seventy-three. Turning abroad, we have to lament Claude Bernard, the distinguished physiologist, who died in Paris in his sixty-fifth year; Leon Voillemier, Paris, aged sixty-eight, a distinguished French Surgeon, who first described accurately, in 1842, the fracture of the lower end of the radius known as Colles; Caven-ton, aged eighty-two, a well-known French chemist, who, with others, discovered strychnia, brucia, and other alkaloids; Regnault, the chemist; Becquerel, the physicist; Prof. Hirtz, of Nancy; in Germany, Prof. Bartels, of Kiel, and Prof. Dietl, of Krakow; Austria, Prof. Rokitsky; in Italy, Prof. Ghin-ozzi, of Florence. When we turn to Great Britain there are Dr. Wm. Stokes, F. R. S., of Dublin, author of *Diseases of the Heart and Aorta*, deceased in his seventy-sixth year; Dr. Fleetwood Churchill, of Dublin, at Tyr-one, in his seventieth year, whose name is familiar to us all in connection with obstet-rics and diseases of women; James Blundell, M. D., London, in his eighty-seventh year, a famous and eccentric practitioner in Lon-don fifty years ago; and Henry Jephson, M. D., Leamington, who passed away in his eightieth year, and whose memory will be dear to all professional brethren as that of a provincial practitioner who thirty years ago earned an income of £24,000, but they must not forget that health was sacrificed to its acquisition.

SENSIBLE.—The *cacoëthes scribendi*, the rage—I might almost say the mania—for using long-sounding words, as Horace would write *sesquipedalia*, six-footers, *sive Græca*, *sive Latina*, or even *Græco-Latina*, may to the younger members of our profession give some *éclat*; as, for example, laparo-elytrot-omy, cephalotripsy, *cum multis aliis*, in the last number of the British Medical Journal. But to those of us whose memory is failing, and whose sight is growing dim, the constant recurrence to Schrevelius or Adam Littleton is but a wearisome task.—*Cor. British Med. Jour.*

VALUE OF ALCOHOL TO ENGLISH DOCTORS. If it were not for drinking, the great mass of the profession might retire from it to-morrow, because it is the one thing of all others combined which gives them employ-ment, whether it be the secret drinking of the ladies or the open drinking of the gen-tlemen.—*Dr. Kerr, in London Med. Press and Circular.*

ENORMOUS HYPERTROPHY OF BREASTS.—*Medical Times and Gazette:* A young girl, who had not yet menstruated, found, after taking a cold bath, just as the menses seemed about to appear, her breasts so rapidly in-creased in size that she was obliged to leave service in consequence; and so large did they become that she could not appear in public. Iodine, after a five or six month's trial, only suspended their further enlarge-ment. She was presented before the Acad-émie des Sciences de Montpellier, being then aged fifteen years and a half. The breasts were then supported on her thighs, and their weight had curved the spine and displaced the scapulæ. The hypertrophy remained stationary for eight years, when, in spite of her infirmity, the patient found a husband. After her marriage the breasts began to di-minish sensibly in size, but she was unable to suckle either of her three children, as her enormous breasts did not yield any milk, although they became turgid during preg-nancy. She is now thirty-two years of age, and is again pregnant, and has lost the ap-pearance of deformity which she had here-tofore—seeming, when suitably dressed, only like a woman with very large breasts. The present measurements are—the circumfer-ence of the right breast twenty-seven cen-timeters, of the left thirty-three centimeters; the pedicle of the right thirty-two centime-ters, and of the left thirty-four centimeters. The breasts still descended almost to the naval, they having altogether diminished in size by one half.

GLUE FOR POLISHED STEEL.—The Turks glue diamonds and other jewels to their metal settings with the following mixture: Dissolve five or six bits of gum mastic, each the size of a large pea, in as much spirits of wine as will suffice to render it liquid. In another vessel dissolve in brandy as much isinglass, previously softened in water, as will make a two-ounce vial of strong glue, add-ing two small bits of gum ammoniac, which must be rubbed until dissolved; then mix the whole with heat. Keep in a vial closely stopped. When it is to be used set the vial in boiling water. This cement perfectly re-sists moisture, and it is said to be able to unite effectively two surfaces of polished steel.—*Scientific American.*

A CASE of chronic cystitis, occurring seven years after lithotripsy, cured by an exclusively milk diet, is reported in the London Lancet of December 7th.

CADAVERIC RIGIDITY.—The question here propounded by M. Hofmann is whether, in this condition of the dead body, the muscles really undergo contraction or not. Experiments performed on muscles excised show that contraction does really take place. Is this also observed in dead animals in which there has been no interference with the bodies, and in which the antagonist muscles can contract equally? and may a change of position result from such muscular action?

M. Hofmann performed many experiments on different animals, such as rabbits, cats, and chickens, leaving some untouched after death, and dividing the tendons of the flexors and extensors of others. Locomotion of the limbs was frequently observed, but not in young animals or those which had died in an exhausted state.

In the dead human body there is one muscular movement which is well attested and frequently observed, namely, the spontaneous raising of the lower jaw. All other muscular movements, especially those of the limbs, are exceptional, and more or less open to doubt. At the same time, it would appear that in the upper limbs the flexors prevail over the extensors, while in the lower limbs the reverse is observed. Numerous observations show that no movements take place in the fingers; and what is important in a practical point of view, is the complete failure of all experiments to cause the hand of a recently dead body to grasp an object or to hold it firmly, as by a voluntary contraction of the muscles during life. Ligatures have been used in order to keep the fingers completely closed upon the object, but in spite of these mechanical contrivances the object has been simply held, not grasped, and it fell from the hand so soon as the artificial pressure was withdrawn. Hence the discovery of a weapon firmly grasped in the hand of a person found dead is still a fact of great importance in a medico-legal point of view.—*Prof. Hofmann, of Vienna, in Vierteljahrschrift für Gerichtl. Medical.*

GASEOUS PUTREFACTION — IDENTITY OF THE DEAD BODY.—It is well known how the features of a body are deformed, as a result of the production of gases during putrefaction. It is often of importance to establish the identity of a dead body, but owing to this cause recognition is impossible, and mistakes are frequently made. This is especially observed in cases of death from drowning. M. Tourdes, of Nancy, has recommended a

process for restoring the features to such a degree as to admit of identification. The bloated head is repeatedly immersed in alcohol containing alum and niter. M. Hofmann has adopted with success the following method, which is based on the fact that the green coloring matter of putrefaction is soluble in water. The head is opened in the usual way, the brain removed, and some deep incisions are made into the parietal and occipital regions. It is then placed in cold running spring-water. In from twelve to twenty hours the green color has almost, if not entirely, disappeared, and the emphysematous swelling is much reduced. The upper part of the cranium is replaced and fixed by the skin, which is drawn over it. The head is then plunged into a saturated solution of corrosive sublimate in alcohol, and by this any green color or emphysema is effectually removed. The face reassumes its natural form, the skin being of a greyish-white color, an effect depending on the chemical action of the corrosive sublimate.

The practical importance of the observations here made on the effects of putrefaction in destroying identity, has been lately verified on a large scale in the accident to the Princess Alice steamboat, by which nearly seven hundred persons were drowned in the Thames. Many bodies could not be identified at all; in others the identity was mistaken, and the bodies were buried under wrong names; in fact, the identity was more frequently and correctly established by the clothing than by the features of the deceased persons.—*A. S. Taylor, M.D., in London Med. Record.*

THE apothecary is a vial fellow.—*Yonkers Gazette.* In fact, a very pestle-nt fellow.—*Porcupine.* These be mortar-fying facts.—*Yonkers Gazette.* The above prescriptions were carefully compounded.—*Hackensack Republican.* You all ought to be taken and well shaken, for the apothecary is one of the principal pillars of society.—*Boston Commercial Bulletin.* The apothecary is a very good fellow, particularly useful to night editors and other persons who keep late hours and fall into the habit of taking a little somethin'. "The longer I live," said Sydney Smith, "the more I am convinced that the apothecary is of more importance than Seneca; and that half the unhappiness in the world proceeds from little stoppages from a duct choked up from food pressing in the wrong place, from a vexed duodenum, or an agitated pylorus."—*The Sanitarian.*

WHITE VEAL.—Since Mr. Ernest Hart called attention a few years ago, in these pages, to the infliction of unnecessary pain upon calves, by the then prevalent practice of bleeding them slowly to death suspended by the heels and inflating the cellular tissue by blow-pipes, that cruel practice has, after much local discussion, been pretty generally and effectually discountenanced. A butcher named Bateman, of Thurmcoke, near Doncaster, was fined twenty shillings and costs, at Barnsley last week, for cruelty to a calf by bleeding it till it was exhausted in order to produce white veal. We hope that this moderate penalty will prove effectual. If not, severer measures must be employed. White veal is an improper article of food, scientifically and morally.—*British Med. Jour.*

POWER OF THE EMOTIONS.—A melancholy example of the power of the emotions is reported from Paris: Dr. Deleau had an only daughter, aged sixteen, in whom all his affections were centered. This young lady died August 29th, from pulmonary phthisis, and the father's grief was so intense that in embracing his daughter, in taking his last adieu, he fell upon her corpse and breathed no more. Both were buried in the same vault, in the midst of a large concourse of mourning friends and patients. Dr. Deleau was a rising man; he took his degree in 1863, and distinguished himself as an aurist and laryngoscopist.

ALCOHOL POISON.—Thirty-nine thousand two hundred and eighty-seven of our people are yearly poisoned by what I, as a physiologist, declare to be an agent utterly useless to man, except probably in its medicinal form, and altogether out of the divine scheme of creation as a food for man.—*Dr. B. W. Richardson, in London Med. Press and Circular.*

JUST WHAT WE THOUGHT.—The Pekin Official Gazette publishes a communication from a learned Chinese, showing that the telephone was known in the Celestial Empire about nine hundred years ago, and was the invention of an inhabitant of Pekin.

DELINQUENT subscribers who have imposed upon our generosity are now under a double obligation to promptly remit for both the past and the future.—*The Sanitarian.* [We hope our delinquents will take this hint.—Eds.]

Selections.

Pistol Shot Through Right Ventricle, Septum, and Aorta.—Dr. V. P. Gibney presented this very interesting specimen, on behalf of Dr. F. M. Holly, Greenwich, Conn., at a late meeting of the New York Pathological Society:

A. J., aged eighteen years, farm-hand, was on the 7th day of July, 1878, shot by a companion with a small Smith and Wesson revolver. When seen by his attending physician, Dr. Mead, about an hour after the accident, he was in a state of partial collapse, the result of shock. He rallied rapidly without cough or expectoration, or any unfavorable symptoms other than slight dyspnoea, accompanied with pleuritic stitch on both sides for a few days. In less than a fortnight he was again at work. He continued in good health, performing the labor of a farm-hand till the morning of August 30th, when he went into the field, and was found about twenty minutes afterward dead. A small cicatrix near left nipple one and three quarters inches above, and toward the median line. On opening thorax, the left pleura and the pericardium were found distended with serum and coagula. A small cicatrix could be seen on the anterior border of the upper lobe of left lung in a line with the external cicatrix, and under this was found an opening of one quarter inch diameter in the pericardium. The lung was adherent, by firm bands of organized lymph in the immediate neighborhood of the cicatrix, to the costal pleura and pericardium. Opposed to the opening in the latter, in the upper anterior margin of right ventricle, was found a small aneurismal sac of the capacity of not more than one dram, the walls of which were very attenuated. This was ruptured, and a probe passed through the opening entered the ventricular cavity. The effusion into the chest was accounted for by this opening in the pericardium. A careful search failed to discover the ball.

When I received the specimen, I opened the left ventricle, and found a small ball lying behind one of the pillars of the columnar corné a little above, and to the left of the apex of the cavity. A delicate membrane covered the ball, and I left it just as it now can be seen in the specimen. On a more careful examination, an opening was traced through the upper portion of the septum, through the semilunar valve, lying against the septum, through the aorta itself to the left auricle. All these openings were found on a line with the opening into the right ventricle. The conclusion, then, seems to be irresistible, that the ball must have encountered a well-filled left auricle, been spent, and easily arrested, and have dropped down through the auriculo-ventricular opening, and have lodged about its present site.

After describing the wound, and post-mortem appearances, Dr. Gibney spoke of Dr. Hamilton's case, where the man lived twenty years after the accident. Dr. Hamilton referred to some others at the time of presenting the specimen, one of which was the case reported by Dr. Hodkins, of Ohio, where the patient survived fifteen days with a pistol-ball in the left ventricle.

Polishing Tarnished Brass.—Dip the article for a short time in strong, hot, aqueous solution of caustic alkali; rinse in water; dip for a few moments in nitric acid diluted with an equal volume of water; rinse again, and finish with whiting.

Dyspepsia from Impaired Movements of Stomach.—At late meeting of the Medical Society of London a paper was read by Dr. Leared on a neglected proximate cause of dyspepsia. He pointed out that all varieties of dyspepsia were referable to two divisions—*atonic*, and those depending on *gastritis*; the cause of the symptoms of functional dyspepsia being retarded conversion of food into chyme. There is a large class of cases in which digestible food, even in moderate quantity, is not digested with ease, and yet, in spite of much daily discomfort, the general health is hardly affected. The food is digested slowly, but effectually; there is no loss of flesh or strength; the appetite is unimpaired; and the defect can not lie in the gastric juice. In by far the larger number of dyspeptic cases the lesion is not one of secretion, but of the proper movements of the stomach, which aid solution of food. Just as agitation of a glass containing water and crystals of a soluble salt will hasten the solution of the salts, so the attrition of the masses of food on one another by the action of the muscles of the stomach aids their digestion. Dr. Leared then described the arrangement of the muscular fibers of the stomach, and their action. In ordinary cases, whenever the contractile movements of the stomach are lessened, flatulent distension follows—due to lodgment of the food in the lowest parts of the stomach and its fermentation there—and the distention of the viscus with the gases thus evolved, as well as probably from the small intestine. Flatulence, so common a symptom in such cases, acts harmfully by stretching the muscular fibers and impairing their tonicity. Dr. Leared therefore suggests that dyspepsia should be divided, not into *atonic* and *inflammatory*, but into “*dyspepsia from impaired motion*” and “*dyspepsia from defects of secretion*.” In the former, uneasiness after meals, flatulence, and constipation are marked symptoms; in the latter, pains of sharp, shooting, dull, or dragging character predominate, the above symptoms being far less prominent, or even absent; indeed, from imperfect digestion of food in the cases due to deficient secretion, diarrhea may be set up by irritation of the intestines by undigested food. As to treatment, regulated diet was the chief measure, the principal meal to be taken early in the day before the nervous system has been exhausted by mental or bodily exertion. Strychnia, in the form of the tincture of *nux vomica*, is the most valuable drug for this condition, and should be administered freely. Although Chomel's condemnation of the drug had been indorsed by Brinton, strychnia has held its place as a remedy for dyspepsia. It should not be prescribed in pills, because of the difficulty of its exact subdivision, and the tendency of the alkaloid to precipitation by alkalies should be borne in mind. A dose of one twentieth of a grain, given three times a day, should rarely be exceeded. The cases suitable for its employment required selection. Faradism was not of much service; carbo-lic acid, or preferably, perhaps, thymol, checks flatulency by hindering fermentation; charcoal is of use in extreme flatulency for absorbing the excess of gases, the best form being that made from vegetable ivory. In a few obstinate cases passage of a long tube was necessary to relieve distension.

A Case of Quinine-rash.—At a late meeting of the Clinical Society of London, Dr. Farquharson exhibited a drawing by Dr. Westmacott of a case of quinine-rash occurring at St. Mary's Hospital, in the practice of Dr. Cheadle, who had kindly allowed him

to bring a few brief notes before the Society. The patient, a boy aged fourteen, was admitted with pyrexial symptoms, and after the first suspicion of typhoid was allayed, it was decided to try the effect of quinine in bringing down the temperature, which had stood for several days at 100°. Ten grains were accordingly given thrice a day, and on the fourth day a variolous rash appeared universally over the body, composed of flat slightly-raised patches of a rose-pink, and accompanied by much tingling and irritation. No other symptoms of cinchonism were observed, and on withdrawal of the medicine the eruption rapidly subsided. Quinine symptoms may be divided into two classes—those of an *eczematous* character, which are described by some continental authorities as occurring on the skin of workers in quinine manufactories; and those which follow the internal administration, usually of very small doses of the drug, and which may be either *erythematous* or *rubeoloid* in character. The present case was strongly suggestive of urticaria, which it doubtless was, and it may naturally be argued that the real causation was some chance error of diet, instead of the more roundabout reason just given. The diagnosis, however, was most amply confirmed by one of the students, Mr. Luscombe, who had suffered two attacks in his own person, precisely similar to this in every respect save in the addition of very troublesome and long-continued gastric irritation. It is worthy of remark that the quinine not only caused no lowering of the body-heat in the first instance, but that on the appearance of the cutaneous eruption the temperature ran up to 102°, the explanation of this probably being that the dose was really too small to produce any decided antipyretic effects.

Lactopeptine in Dyspepsia.—Lactopeptine is one of the most positive remedial agents now in use. I speak from observations made in over six hundred and forty cases, dating back to the time it was first offered to the profession. At first I was not exclusive to the use of this form of pepsin, but alternated with others, and find on turning to my notes that those cases in which I used the other, and it failed, lactopeptine gave the happiest results. In some instances, where there was much flatulence, I have found the effect augmented by the addition of a simple bitter, as *pulv. columb.*, or *gentian*. Properly handled in acute and chronic forms of dyspepsia, or with patients with feeble digestion, it is the most reliable remedy available, and I might state that I have used it at times when it seemed deficient, but upon increasing the quantity until from twenty to twenty-five grains were given, the most satisfactory results would follow. Always administered immediately after eating.—*E. J. Fisk, M. D., in Med. and Surg. Brief.*

Treatment of Chronic Alcoholism.—Conclusions gleaned from a work by an Italian author: Phosphorus is a very useful remedy in chronic alcoholism. The medicine is perfectly tolerated in doses which no one has dared to give heretofore—ten centigrams (nearly 1½ grains) a day for many weeks. The remedy gives to drinkers a feeling of comfort and strength, and furnishes the force necessary to carry on their organic functions, which they have been accustomed to get from alcoholic liquors. It seems also to have the properties of a prophylactic and an antidote, for it causes very beneficial changes in the system, even when the use of liquor has not been entirely stopped. The phosphorus is used in the form of phosphide of zinc.—*Med. and Surg. Brief.*

Dipsomania: its Nature, Treatment, and Results.

1. Dipsomania is a true neurotic disease. 2. In a very large proportion of cases, if not in all, it is hereditary. 3. In a large number of cases it is traceable to drinking habits in one or both parents, or connected with them in more remote relationships. 4. Its neurotic character is indicated (a) by its tendency to periodicity; (b) by its incurability; (c) by the loss of self-control, ever a dominant propensity in those subject to it; (d) by the intellectual, and especially moral peculiarities of its victims. In the above characteristics are seen its intimate relationship to, if not identity with, ordinary insanity. 5. In its treatment there is to be recognized two essentially distinct conditions: the neurotic peculiarity, which is permanent and irremediable, and the direct results from the poisoning of alcohol, which are temporary and remediable. 6. If the term "recovery" is to apply to the latter conditions only, ninety to one hundred per cent are curable. If it is to include the former also, five per cent will be found a liberal allowance; that is, not more than five per cent of the patients will be so far modified by any treatment as to enable them to resist, during the remainder of life, the propensity to drinking. Dipsomania, like other forms of insanity (neurotic diseases, if preferred), is a sad inheritance from the sins of our fathers. It is very rarely the result merely of vicious habits in the individual subject to it. If it is to be dealt with effectually, we must extend the horizon of our views beyond individual cases, or even the present generation. "Prevention versus cure" is the true, if not the only, treatment.—*Dr. Güchrist, in the British Med. Jour.*

Quinine-rash.—As to the rationale of the action of quinine in producing cutaneous eruptions, Prof. Köbner believes that it is due to a true intoxication or poisoning, and not merely to a reflex dilatation of the cutaneous blood-vessels, induced by a stimulus from the gastric mucous membrane. He recalls the fact that an erythema is an occasional incident in belladonna-poisoning, and points out that an incubative period of about two hours preceded the rigor in all the cases. A peculiar sensitiveness on the part of the individual undoubtedly plays a part in the producing these peculiar symptoms, for doses which ordinarily exert no perceptible effect except that of an antipyretic or roborant here gives rise to violent illness. Prof. Köbner believes that the erythema and subsequent desquamation are due, not to a simple vascular dilatation in the skin of nervous origin, but to a direct irritant action of the drug, through the blood, upon the tissues of the skin. It is very unlikely that drugs with such different effects on the nervous centers as quinine, strychnine, chloral, and perhaps digitalis, should all produce the same effect through vasomotor agency. Further, he shows that the prolonged use of chloral may be followed by petechiæ, and even by gangrene of the skin, probably from the local perversion of nutrition which it excites, and still further clinches the argument far beyond by mentioning a case in which a copious general eczema was excited not only by external irritants, such as mercurial ointment or solar heat, but by a large dose of quinine taken by the patient during an attack of intermittent fever.—*Med. Times and Gazette.*

Paper Hanger's Paste.—A good paste is made by mixing a strong solution of shellac, four parts, and borax, one part, in boiling water; cool, and add wheat or, better, starch flour to proper consistency.

Local Action of Various Medicinal Substances on the Teeth.

—Maurel (*Bull. Gén. de Thérap.*) has made a number of experiments to ascertain exactly what effect is exerted on healthy and partially-decayed human teeth by various solutions. His results are as follows: 1. Sulphate of copper gives a dull yellow color to the healthy enamel; it appears to attack the cementum, and gives it, as well as the dentine, a persistent green color, which appears through the enamel. 2. Chlorate of potassium is without action upon the teeth. 3. Nitrate of silver does not destroy the structure of the teeth, but it gives them a black metallic luster. 4. Crystallized alum exercises a very destructive action upon the enamel. Its action on the dentine and cementum is not constant, and when exercised is only feeble, the cementum being less altered than the dentine. 5. Alcohol is without action on the enamel of the teeth. 6. Tincture of benzoin, while exercising no effect upon the structure of the dental tissues, does in time color the cementum and dentine brown. 7. Tincture of mint is without action on the hard tissues of the teeth. 8. Tincture of cinchonia, while it has no effect on the structure of the teeth, colors the roots brown. 9. Cologne has no effect on the teeth. 10. Tobacco in solution has no effect on the structure of the teeth, which, however, it colors a more or less dark brown. The enamel is least affected by it.

Dr. Martin's India-rubber Bandages—Complimentary.

—Since Dr. Martin, of Boston, U. S., contributed to the *British Medical Journal* his admirable paper on the treatment of ulcers, etc. by means of the solid rubber bandage, there appears likely to be a demand for the bandages in this country. In order to supply this demand, several English firms are now introducing india-rubber bandages. It would be well, however, if these enterprising firms wrote to Dr. Martin for one of his bandages, and made accordingly. The English ones are made of ordinary India-rubber, are full of flaws, rough to the feel, and, I guarantee, not half so durable as those obtained from Dr. Martin. I have by me specimens of both, and certainly, after comparing Dr. Martin's bandage with a London one, I am struck with the superior finish of the former. The cases treated will not be benefited to the extent that Dr. Martin has led the profession to hope; he will be blamed, and a useful treatment will fall into disrepute, whereas all the fault will lie in improperly manufactured bandages. Until the English houses supply better articles, I would advise all practitioners to write for their bandages direct to Dr. Martin.—*H. R. Allbutt, L. R. C. P. British Medical Journal.*

Tic Douloureux.—A patient who for several years had suffered from an intense facial neuralgia came under the treatment of Prof. Peters, of Paris, who put him upon a course of six grains of bromide of potassium, the dose repeated thrice daily for the first month, four grains thrice daily in the second month, two grains thrice daily in the third month. The result is reported as being astonishing. Great success is claimed by Professor Gubler in the use of aconitum napellus for the ordinary form of facial neuralgia, particularly when congestion is present. Professor Lee, of the Hôtel Dieu, Paris, relates a case where a patient of his, after thirty years of suffering from the tic douloureux, got quickly rid of his pain after a few daily administrations of eight-grain doses of salicylate of soda.—*Boston Jour. of Chem.*

Despres on the Mechanism of Orchitis.—In a recent paper on the mechanism of recurrent orchitis, and inflammatory orchitis generally, M. Despres arrives at the following conclusions: 1. Recurring orchitis and inflammatory orchitis are both due to the retention of semen in the testicle. 2. The cause of this retention is not always situated at the same point, but it is more than probable that swelling of the mucous membrane of the ejaculatory ducts and vas deferens, or of the lining membrane of these canals at the periphery in the prostate, or of the mucous membrane of the urethra, is the ordinary cause of retention of the semen. 3. The rarity of suppuration in cases of orchitis allows these inflammations to be designated seminal engorgement of the testicle, in the same way that the retention of milk in the mammae has been called lacteal engorgement. 4. The appearance of orchitis on from the tenth to the twentieth day of gonorrhoea, is in accordance with the functional activity of the testis; those patients with an actively exercised organ should develop orchitis toward the end of the urethritis. 5. The orchitis occurring during convalescence from gonorrhoea is not produced by the same mechanism as those following an injury. 6. Orchitis due to a wound, or to some urethral irritation, can be explained by swelling of the affected parts, particularly on a level with the ejaculatory ducts and vesiculæ seminales, which rapidly prevents the flow of semen into its reservoir, the vesiculæ seminales.—*London Medical Record.*

Adulteration.—Even the bees themselves may be made the agents of honey adulteration. A resident of Flatbush has discovered that glucose, the very substance alleged to be employed by sugar-refiners in their industries, may be fed to bees, and thus used to adulterate the honey in the comb before industrious man has a chance at it. The busy bee is said to be quite partial to glucose, although it can scarcely be the appropriate article for his sustenance—a case of depraved instinct, reminding of cows who are said to refuse to eat hay, grain, etc. when once they have created a taste for distillery swill.—*Proceedings of the Medical Society of County of Kings.*

Leprosy.—In the report on the sanitary measure in India, just published, it is stated that the numerous trials of Gurjun oil in different parts of India had resulted in many cases in amelioration of the symptoms, but had failed to produce any permanent cure of leprosy. The Government of India have since reported that Dr. Dougall himself (who originated this mode of treatment) admits that the very hopeful prospect which it held out has not been realized.—*Med. Times and Gazette.*

Cholera Infantum.—During the summer of 1873 I was called upon to prescribe for a child, two years old, supposed by the physician in attendance to be dying, the disease being diagnosed as cholera infantum. My prescription was one ripe strawberry every hour till better. The child speedily recovered. Three months after I was asked to prescribe for another child, aged eleven months. The disease this time was really cholera infantum. One half strawberry every hour proved a successful treatment. This child had also been given up to die.—*Prof. Storer, of Harvard University, in Boston Journal of Chemistry.*

Salicylic Acid as an Antiseptic and an Antipyretic.—In 1876 Mr. Priedeaux treated with salicylic acid or its salts eighty-eight cases of confluent small-pox, in the Derby Hospital, without losing a case. Since then, seventy-eight cases of scarlet fever, with only one death, and that a case seen at the height of the disease. Many cases of measles, and some few attacks of typhoid fever, yielded equally satisfactorily to the same treatment. The temperature invariably falls rapidly after its administration, and is easily kept down by repeated doses; so that, even if the drug do not exert a germicidal action, by keeping the temperature down, it prevents the excessive tissue-waste and loss of power attending pyrexia. Its value in acute rheumatism is too well established to need comment here. Although a perfectly safe drug, still, in some cases, unpleasant results follow frequent and large doses, a result that may be avoided, Mr. Priedeaux finds, by giving salicylate of ammonia.—*London Med. Record.*

Chloral in Migraine.—Dr. Seure strongly recommends the administration of chloral in an enema on the occurrence of the paroxysms of migraine, having found it almost infallible and exempt from the disadvantages attendant on other modes of giving this substance, and far preferable to the employment of morphia, quinine, etc. for the same purpose. He gives, according to the sex or robustness of the patient, from one and a half to three grams in a glass of tepid water, the effect of the chloral being rendered still more prompt by the addition of a tablespoonful of brandy. If a sense of burning in the rectum is excited, this may be prevented by adding the yolk of an egg or substituting tepid milk for water. When, as in some persons, there is difficulty in retaining the enema, the quantity of the liquid may be diminished, and a drop or two of laudanum added.—*Bull. de Thérap.*

Fall of Homeopathy.—From the Homeopathic Times, the leading journal of that so-called school of medicine, the following admission of progressive decay is taken: "After a careful examination of the most recent sources of information, we are forced to the conclusion that there is, in all probability, a gradual decrease in the number of homeopathic practitioners, and, if not an actual decrease, that the ratio of increase is far below that of the population in this country."—*Proceedings of the Medical Society of the County of Kings.*

On an Improved Urinary Test-case for use at the Bedside.—It is five and a half inches long, two and a half wide, and one inch deep. It carries a trial-jar inclosing urinometer; a double ebonite case, containing at one end a nitric-acid bottle, at the other a bottle for Fehling's test-solution or liq. potassæ; two full-sized test-tubes; movable bracket for holding trial-jar and test-tubes when in use; a spirit-lamp with asbestos indestructible wick; a double ebonite case for test-papers and matches; brass forceps for holding test-tubes; a glass pipette.—*R. G. Alexander, A. M., M. B., in London Lancet.*

Two cases of diabetes mellitus cured by extract of nux vomica are reported by Dr. Eug. Zarzana, in the *Gazzetta Medica di Roma.*